



Accident / Incident Report Form

1. Type of Incident

Please tick or mark all that apply:

- | | |
|--|---|
| ☐ Accident | ☐ Conduct concern |
| ☐ Injury | ☐ Discrimination, bullying or harassment |
| ☐ Near miss | ☐ Venue issue |
| ☐ First aid required | ☐ Equipment issue |
| ☐ Emergency services called | ☐ WhatsApp / communication issue |
| ☐ Health and safety concern | ☐ Other |
| ☐ Safeguarding concern | |

If other, please give brief details:

2. Date, Time and Location

Date of incident:	
Time of incident:	
Location of incident:	

For example: court number, sports hall, entrance area, changing area, WhatsApp group, car park or other location.



3. Person Completing This Form

Name:

Contact details:

Role:

☐ Member / ☐ Visitor / ☐ Committee member / ☐ Witness / ☐ Other

4. Person Affected by the Incident

Name of person affected:

Contact details, if known and appropriate:

Role:

☐ Member / ☐ Visitor / ☐ Venue staff / ☐ Public / ☐ Other

If more than one person was affected, please give details:

5. Details of What Happened

Please describe clearly and factually what happened.

Include what you saw, heard or were told. Avoid assumptions or personal opinions.

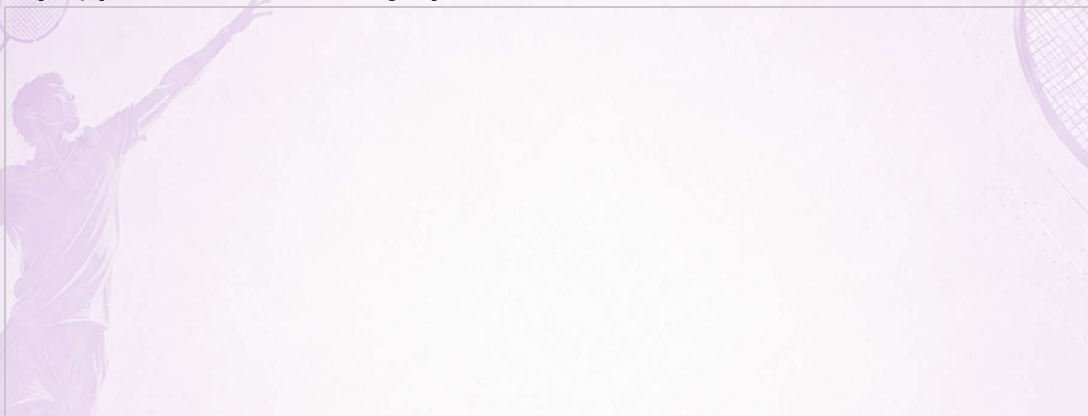


6. Injury Details

Was anyone injured?

☐ Yes / ☐ No / ☐ Not sure

If yes, please describe the injury:



Which part of the body was affected?



Did the person continue playing?

☐ Yes / ☐ No / ☐ Not applicable

Did the person leave the session because of the incident?

☐ Yes / ☐ No / ☐ Not applicable

7. First Aid and Emergency Action

Was first aid required?

☐ Yes / ☐ No / ☐ Not sure

Was first aid provided by Better Eastern Leisure Centre staff?

☐ Yes / ☐ No / ☐ Not applicable / ☐ Not sure

Name of first aider, if known:



Were emergency services called?

☐ Yes / ☐ No

If yes, please give details:



Was the person taken to hospital or advised to seek medical help?

☐ Yes / ☐ No / ☐ Not sure



8. Witnesses

Were there any witnesses?

☐ Yes / ☐ No / ☐ Not sure

Please give names and contact details, if known:

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9. Venue or Equipment Issues

Did the incident involve the venue, court, floor, net, post, lighting, roof, speakers, equipment or another facility issue?

☐ Yes / ☐ No / ☐ Not sure

If yes, please give details:

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Was Better Eastern Leisure Centre informed?

☐ Yes / ☐ No / ☐ Not applicable / ☐ Not sure

Name of venue staff member informed, if known:

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10. Safeguarding or Conduct Concern

Does this incident involve a safeguarding concern?

☐ Yes / ☐ No / ☐ Not sure

Does this incident involve a conduct concern?

☐ Yes / ☐ No / ☐ Not sure

If yes or not sure, please give brief factual details:

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Has the concern been reported to a committee member or safeguarding contact?

☐ Yes / ☐ No / ☐ Not applicable

Name of person reported to:

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Date and time reported:

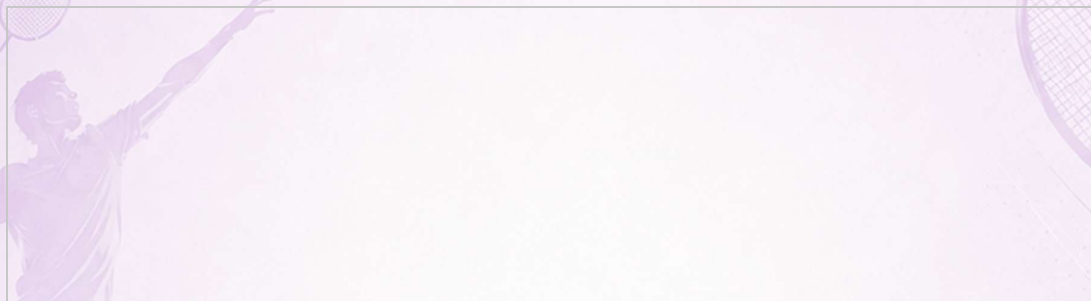
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11. Immediate Action Taken

Please describe any immediate action taken.

For example: play stopped, first aid requested, venue staff informed, player left court, hazard removed, emergency services called.



12. Follow-Up Action Required

Does any follow-up action appear to be needed?

☐ Yes / ☐ No / ☐ Not sure

If yes, please give details:



Possible follow-up may include checking on an injured person, speaking to witnesses, reporting to the venue, reviewing the risk assessment, disciplinary review, safeguarding referral or insurance notification.

13. Completed By

Name:

Signature, if paper form:

Date completed:



14. Committee Review

To be completed by the committee where required.

Reviewed by:

Date reviewed:

Action taken:

Further action required:

Date closed: